06450

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Swanton
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Glade R#2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY Stark
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alliance
STREET ADDRESS (If rural, give location) 143 W. Columbia St.

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Blair (Last) Akers
4. DATE OF DEATH (Month) June (Day) 14 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 3, 1879
9. AGE last birthday 72 yrs. If under 1 year Months 11 Days 11 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector
10b. KIND OF BUSINESS OR INDUSTRY Transue & Wms.
11. BIRTHPLACE (State or foreign country) Everett, Pa.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Caleb Akers
14. MOTHER'S MAIDEN NAME Mary Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 279-05-7059
17. INFORMANT AND ADDRESS Mrs. Blanche Akers, Alliance, Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis acute — 6 mo
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Degeneration — 6 mo
(422X) (c) Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Influenza May 10 1952

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1952, to June, 1954, that I last saw the deceased alive on June 14, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James H. Johnston, M.D. ADDRESS Gadmont W.Va. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 16, 1952
NAME OF CEMETERY OR CREMATORY O'Brien Cemetery
LOCATION (City, town, or county) (State) Meadow Mountain, Garrett Co.
DATE REC'D BY LOCAL REG. 6/16/52
REGISTRAR'S SIGNATURE Julia A. Rawson
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) 1 month	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gormania, W. Va.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Pauline (Last) Burgess	4. DATE OF DEATH (Month) June (Day) 6 (Year) 1952
5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH July 25, 1880 — 9. AGE last birthday 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY Home — 11. BIRTHPLACE (State or foreign country) W. Va. — 12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Jessie Lee	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs Cecily Biggs, Gormania W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes Mellitus — 1 year?

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — ?

19a. DATE OF OPERATION None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Nov, 1949, to 6 June, 1952, that I last saw the deceased alive on 6 June, 1952, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby M. D. (Degree or title) — ADDRESS Oakland, Md — DATE SIGNED 6 June 52

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify)	DATE THEREOF June 9-52	NAME OF CEMETERY OR CREMATORY Fairview	LOCATION (City, town, or county) Gormania (State) W.va
DATE REC'D BY LOCAL REG. June 8, 1952	REGISTRAR'S SIGNATURE Julia A. Rowan	24. FUNERAL DIRECTOR Wayne C. Spiggle	ADDRESS Davis. W.va.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

66452

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ALBRIGHT
STREET ADDRESS (If rural, give location) ROUTE # 2

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) (Last) CHILDS
4. DATE OF DEATH: (Month) JUNE (Day) 20, (Year) 19 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JULY 23, 1902
9. AGE last birthday: 49 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM owner
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: CHILDS, AMOS
14. MOTHER'S MAIDEN NAME: UNCKLEN, ISA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Albert Childs, R # 2, Albright, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic carcinoma — Interval Between Onset and Death: 2 yrs

162 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 52
19b. MAJOR FINDINGS OF OPERATION: Bronchogenic carcinoma, inoperable
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1951, to June 20, 1952, that I last saw the deceased alive on June 20, 1952, and that death occurred at 4:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John B. Stanley, M.D. Terra Alta W Va 20 June 52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
DATE THEREOF: June 22, 1952
NAME OF CEMETERY OR CREMATORY: Buttonwood Cemetery
LOCATION (City, town, or county) (State): LENOX W Va.

DATE REC'D BY LOCAL REG. 6/22/52
REGISTRAR'S SIGNATURE: Julia A Rowan
24. FUNERAL DIRECTOR: C. E. Wilson
ADDRESS: Terra Alta W Va

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06453

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 14 hrs. 51 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRELLIN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ARTHUR (Last) DUMIRE

4. DATE OF DEATH (Month) JUNE (Day) 5, (Year) 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH JUNE 4, 1952

9. AGE last birthday ✓ yrs. If under 1 year Months Days If under 24 hrs. Hours 14 Min. 51

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME DUMIRE, CLINTIS WILLIAM

14. MOTHER'S MAIDEN NAME PAUGH, HELEN LOUISE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr. & Mrs. Clintis Dumire, Crellin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity of Infant

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1952, to June 5, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 11:06 a.m., from the causes and on the date stated above.

SIGNATURE G. F. Bramgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 6/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/6/1952

NAME OF CEMETERY OR CREMATORY Oakland Cemetery

LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 6/6/1952

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

106454

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Garett — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garett
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
   STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ira (Middle) R. (Last) Frazee.

4. DATE OF DEATH: (Month) June (Day) 1st, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: May 14, 1876.

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired.

11. BIRTHPLACE (State or foreign country): Garrett Co. Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Addison Frazee.

14. MOTHER'S MAIDEN NAME: Caroline Harden.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Mrs Evelyn Hauser, Friendsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval Between Onset and Death: 1 week

431X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1952, to June 1, 1952, that I last saw the deceased alive on June 1, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: Milton Jeffer (Degree or title) MD ADDRESS: Friendsville, Md. DATE SIGNED: June 3, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6-4-52 — NAME OF CEMETERY OR CREMATORY: Addison Cemetery. — LOCATION (City, town, or county) (State): Addison, Pa.

DATE REC'D BY LOCAL REG.: June 4, 1952 — REGISTRAR'S SIGNATURE: Kathryn Fike.

24. FUNERAL DIRECTOR: H. B Rishebarger — ADDRESS: ADDISON. PA.

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Item 6 Film G144 7/9/52 wnw

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County CARRETT Registration Dist. No. 161

Village or City FRIENDSVILLE (RURAL) No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LIZZIE M. FRIEND If U. S. Veteran, specify WAR .....

(a) Residence: No. FRIENDSVILLE Md St., Ward. .....
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: C W FRIEND

6. DATE OF BIRTH (month, day, and year): AUG. 1. 1872 73

7. AGE: Years 78 | Months 10 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: HOUSEWIFE
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): FRIENDSVILLE Md.

FATHER
13. NAME: DAVID FRIEND
14. BIRTHPLACE (city or town) (State or country): Md. CARRETT. Co

MOTHER
15. MAIDEN NAME: MARY GARY
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): BLANE FRIEND FRIENDSVILLE Md.

18. BURIAL, CREMATION, OR REMOVAL Place: BLOOMING ROSE Md Date: 6-29, 1952

19. UNDERTAKER (Address): A. L. Collins Terra Alta, Wva.

20. FILED June 28, 1952 Kathryn Fike Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH JUNE (Month) 26. (Day), 1952 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1952, to June 26, 1952

I last saw her alive on June 26, 1952; death is said to have occurred on the date stated above, at 8:50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	May 15, 1952

Other Contributory Causes of importance:

Arteriosclerosis	June 1947
43 IX	

Name of operation: none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Milton Tepfer, M. D.

(Address) Friendsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FRI[illegible]
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]D

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible] 6. COLOR OR RACE: [illegible] 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible] 8. DATE OF BIRTH: [illegible] 9. AGE last birthday: yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRIEND, HUBERT ASA
14. MOTHER'S MAIDEN NAME: BRENNEMAN, HAZEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Hubert Friend, Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature birth — Interval between onset and death: 4 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 June, 19[illegible], to 21 June, 19[illegible], that I last saw the deceased alive on 21 June, 19[illegible], and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: A. J. [illegible] (Degree or title) MD ADDRESS: Oakland Md DATE SIGNED: 23 June 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/22d/1952
NAME OF CEMETERY OR CREMATORY: Hoyes Cemetery
LOCATION (City, town, or county) (State): Hoyes, Md.

DATE RECD BY LOCAL REG.: 6/23/52
REGISTRAR'S SIGNATURE: Julia L. Rowan Local
24. FUNERAL DIRECTOR: Emory D. Bolden ADDRESS: Oakland, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Kitzmiller MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller, Md. Rural

LENGTH OF STAY (in this place) 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Kitzmiller, Md. Rural

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Christopher (Last) Martin.

4. DATE OF DEATH (Month) (Day) (Year) 6/21/1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH 7/15/1879

9. AGE last birthday 72 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Red house, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John L. Martin

14. MOTHER'S MAIDEN NAME Mary Catherine Rolf.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Robert Martin, Oakland, Md. Rd #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion ?

4. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio vascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Jan, 1952, to 13 May 1952, that I last saw the deceased alive on 13 May, 1952, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE Thomas D. Lusby M D (Degree or title) ADDRESS Oakland, Md. DATE SIGNED 6/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/24/1952

NAME OF CEMETERY OR CREMATORY St. Johns Cemetery

LOCATION (City, town, or county) (State) Red House, Md

DATE REC'D BY LOCAL REG. 6/24/52

REGISTRAR'S SIGNATURE Julia A Rawson Local

24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

568

1. PLACE OF DEATH:

COUNTY Garrett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Frostburg

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Star Route Frostburg Md

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Frostburg

STREET ADDRESS (If rural, give location) Star Route Frostburg Md.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Ellen (Last) Michael

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 11, 1861

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Garrett Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Joseph Michael

14. MOTHER'S MAIDEN NAME: Elizabeth Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs John Richardson, Frostburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arterio-Sclerotic Cardio Vascular disease

422.1

Antecedent cause(s) DUE TO (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1951, to 6-1, 1952, that I last saw the deceased alive on 5-31, 1952, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE H. C. Diehl, M.D. (DEGREE OR TITLE) ADDRESS Frostburg Md DATE SIGNED 6/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 3, 1952

NAME OF CEMETERY OR CREMATORY Zion Methodist Cemetery

LOCATION (City, town, or county) (State) Near Frostburg, Garrett Co. Md.

DATE REC'D BY LOCAL REG. 6-3-52

REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe

24. FUNERAL DIRECTOR John J. Hafer Cumberland Md. ADDRESS

6-5-52 Julius Michael Fcc.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington — LENGTH OF STAY (In this place) 84 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) Thomas	(Last) Miller	4. DATE OF DEATH	(Month) June (Day) 7 (Year) 1952
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb 27, 1868	9. AGE last birthday 84 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Coal-Mine	11. BIRTHPLACE (State or foreign country) Bloomington, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Gilead Miller		14. MOTHER'S MAIDEN NAME Mary M. Warnick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Charles Miller			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis and Myocardial Degeneration Not Specified as Rheumatic — 5 Years

47

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1947, to June 7, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 3:10 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul R. Wilson	M.D.	Piedmont W.Va.	June 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 9, 1952	Bloomington, Md.	Bloomington Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-11-52	Dorsey Pattison - cc	E. Llewellyn S. Boal - Westernport, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural McHenry
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural McHenry
STREET ADDRESS (If rural, give location) 1 Mile East of Mc Henry, Md.

3. NAME OF DECEASED (Type or Print): (First) Zacheriah (Middle) Howe (Last) Moon

4. DATE OF DEATH: (Month) June (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/3/1874

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abreham Moon

14. MOTHER'S MAIDEN NAME: Penelope Hendrickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Paul Moon McHenry, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetes Mellitus - Severe — Interval between onset and death: more than 4 years

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ---- (c) ----

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cellulitis of Foot - Left — 2 months

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 March, 1948, to 15 May, 1952, that I last saw the deceased alive on 15 May, 1952, and that death occurred at 10:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Thomas A. Lucky M.D. — Oakland, Md. — 6/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/17/1952 — NAME OF CEMETERY OR CREMATORY: Short Run Cemetery — LOCATION (City, town, or county) (State): Garrett Co., Md.

DATE REC'D BY LOCAL REG. 6/17/52 — REGISTRAR'S SIGNATURE: Julia L. Rowan, Local — 24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.

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JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett Co MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Friendsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: [redacted] Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) alice (Middle) (Last) Savage
4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: aug 16-1880
9. AGE last birthday: 71 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Vanvickle
14. MOTHER'S MAIDEN NAME: Ellen Detrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mr Edward Savage Frnedsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval Between Onset and Death: 3 days

772.0 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Rheumatoid Arthritis — 6 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1946, to June 5, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton Jeffers, M D — ADDRESS: Friendsville, Md — DATE SIGNED: June 7, 1952
10 A.M.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE: June 8-52 — NAME OF CEMETERY OR CREMATORY: ~~Sand Spring~~ — LOCATION (City, town, or county) (State): Friendsville Md. RD

DATE REC'D BY LOCAL REG. June 7 1952 — REGISTRAR'S SIGNATURE: Kathryn Pike

24. FUNERAL DIRECTOR: A H Rodaheaver — ADDRESS: Mardeysburg Pa

(Blooming Rose Cemetery.)

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) 3 [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) VIRGIE (Middle) MARY SINES (Last) TASKER
4. DATE OF DEATH (Month) JUNE (Day) 17 (Year) 1952
5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) CRANESVILLE, W. VA.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME [illegible]ES SINES
14. MOTHER'S MAIDEN NAME WILHELM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	5 days
416 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic cardio vascular disease	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 June, 1952, to 17 June, 1952, that I last saw the deceased alive on 17 June, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Harley, M.D. ADDRESS Terra Alta W.Va. DATE SIGNED 18 June 52

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial
DATE THEREOF June 20, 1952
NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery
LOCATION (City, town, or county) (State) Terra Alta W.Va.
DATE REC'D BY LOCAL REG. 6/22/52
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR R. Watson ADDRESS Terra Alta W.Va.

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Dr Calandrella.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritzmiller
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Garden - Rural
STREET ADDRESS (If rural, give location) 7 mi West of Elk Garden

3. NAME OF DECEASED (Type or Print) (First) Cortes (Middle) Brunee (Last) Wentling
4. DATE OF DEATH (Month) June (Day) 17 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 26 Sept 1882
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher - Retired
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Myrtle Wilson, Ritzmiller, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Thrombosis	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary Heart Disease	?
	(c)	Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Both hypertension above serious

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to June 17, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 8 A.M. m., from the causes and on the date stated above.

SIGNATURE Ralph Calandrella (Degree or title) M.D. ADDRESS Ritzmiller, Md DATE SIGNED June 17-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 20, 52
NAME OF CEMETERY OR CREMATORY Bedford Cemetery
LOCATION (City, town, or county) Bedford County, (State) Penna.
DATE REC'D BY LOCAL REG. 6-24-52
REGISTRAR'S SIGNATURE L. F. Brayer
24. FUNERAL DIRECTOR E. S. Boal. ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 14 1952
BUREAU OF S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH · COUNTY Garrett Oakland, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland Garrett COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. — LENGTH OF STAY (in this place) Life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Bertha	(Middle) Regenia	(Last) Wolfe.	4. DATE OF DEATH	(Month) (Day) (Year) 6/25/1952 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH 11/18/1879	9. AGE last birthday 72 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oakland, Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Agustus Wolfe		14. MOTHER'S MAIDEN NAME Julia Christina Smithman.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Robert L. Wolfe, Oakland, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 26 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6, 1952, to 6/25, 1952, that I last saw the deceased alive on Jun, 1952, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[signature] M.D. — Oakland Md — 6/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/28/1952	NAME OF CEMETERY OR CREMATORY St. Peters Cemetery.	LOCATION (City, town, or county) (State) Oakland, Md.
DATE REC'D BY LOCAL REG. 6/28/52	REGISTRAR'S SIGNATURE Julia A Hawn Local	24. FUNERAL DIRECTOR Emroy D. Bolden	ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#6465

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett — Hutton — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hutton, Maryland, — LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hutton, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ella	Mae	Wotring	6/15/1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	11/5/1879	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Rodamer, West Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ralph Hoff.	Louise Freeland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Darrell M. Wotring, Mt. LakePark Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure, sudden, due to Ventri-	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 433.1	(b) Culor Fibrellation; due to Auricular	?
	(c) Fibrellation with Rheumatic Heart disease	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 50, 19 57, to June 15, 19 52, that I last saw the deceased alive on May 21, 19 52, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas E. Sweet	M.D.	Terra Alta W Va	June 16 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/18/1952	Mt. Carmel Cemetery	Aurora, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/18/52	Helen L. Rowan	Murray D. Bolby	Oakland, Md.

VS. A15

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